

Empowering Malawian communities to protect their vulnerable against Covid-19 and its effects

Pilot project implementation report
Mwambo Chiefdom, Zomba, Malawi
July - August, 2020

by
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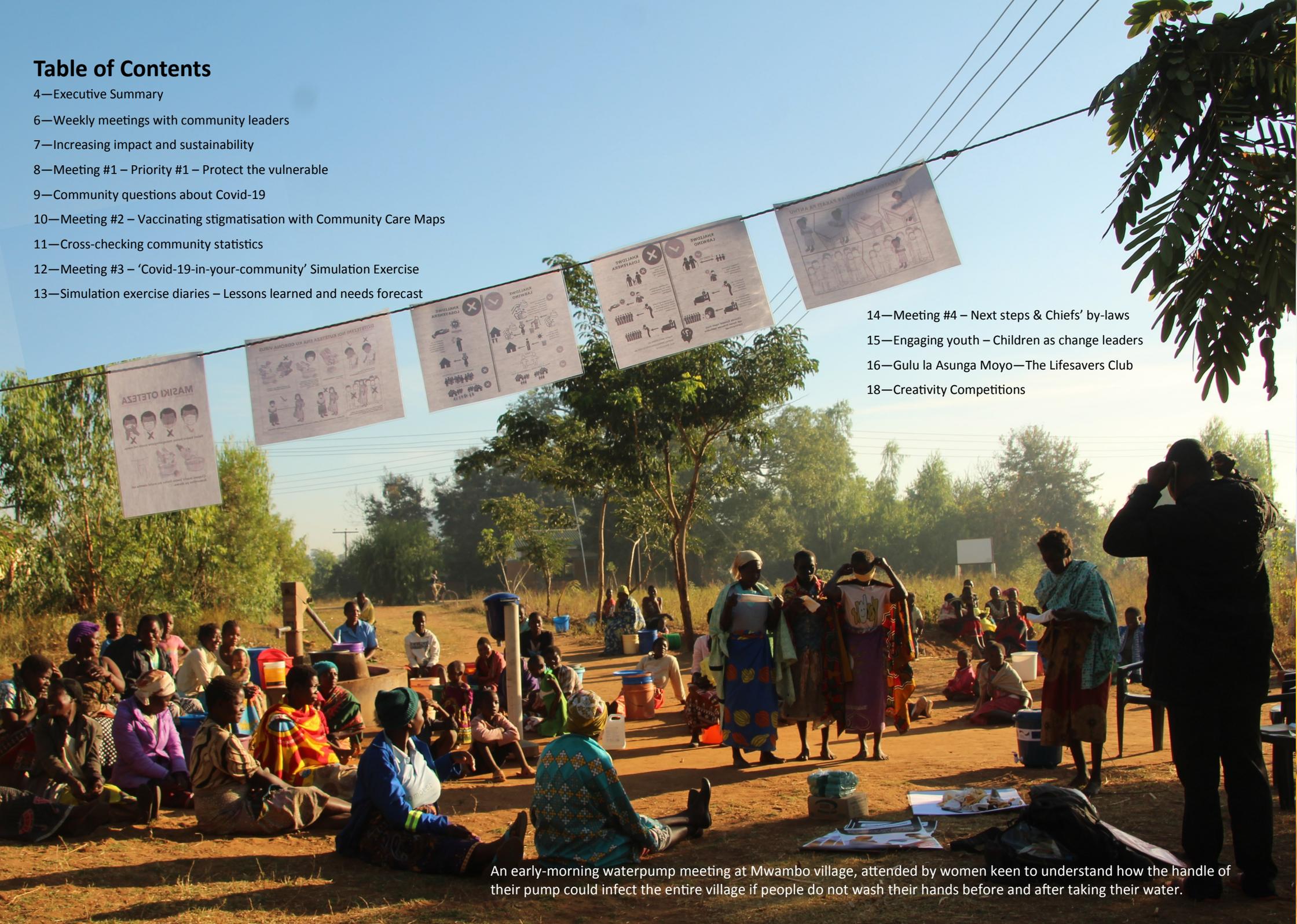
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An early-morning waterpump meeting at Mwambo village, attended by women keen to understand how the handle of their pump could infect the entire village if people do not wash their hands before and after taking their water.



Acknowledgements

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Executive Summary

Information will save more lives than medicine in the fight against Coronavirus in Malawi. Communities want information about Coronavirus and once they have it they want to know what they can do to protect themselves, their families and their neighbours. They are ready and waiting to engage. In the absence of this engagement, there is increased risk of stigmatization of the sick and outsiders, anger towards duty-bearers and of misinformation causing further anxiety.

Chiefs and local religious leaders are not currently equipped to lead their communities through the Covid crisis. If they cannot personally practice the 3 key behaviours (hand-washing, physical distancing and mask wearing) they cannot lead by example and therefore will not advocate these behaviours to their people.

In Mwambo Chiefdom Traditional Authority (TA), as in many other places, young Malawian adults' low adoption of the 3 key behaviours (hand-washing, mask-wearing and physical distancing) to prevent transmission means protecting the elderly and vulnerable is the most achievable, highest impact priority and public health message that will minimize suffering caused by Covid-19. Elderly people and their families are ready to take action, but need support in the form of soap, masks and actionable information that is adapted to the contexts and resources of their communities.

There is an urgent need to establish engaging community feedback mechanisms with all Malawian communities, that provides them with tailored, culturally appropriate, up-to-date, trusted and actionable advice, to protect themselves, their families, their communities and especially their elderly and vulnerable, and that listens to and answers their questions throughout the Coronavirus crisis.

PROJECT OBJECTIVES

1. Slow the spread
2. Protect the vulnerable
3. Help community leaders vaccinate stigmatization
4. Engage teenagers
5. Support zero-tech home-schooling

This report shows how 9.6 million kwacha (€11,520) of funding spent in July and August has been used to make progress towards achieving these 5 objectives among the 45,219 people living within the catchment area of Likangala Health Centre in TA Mwambo Chiefdom, Zomba.

The report documents Covid-sensitive community engagement activities tested during this period and lessons learned from community members' feedback. This report aims to inform the design and implementation of larger scale, low-cost community empowerment and feedback mechanisms to tackle the spread of Covid-19, help communities protect their vulnerable and to better understand other unmet needs in poor Malawian communities.

FACTS & FIGURES FOR JULY & AUGUST, 2020	Totals
Covid-19 information meetings held with community leaders and representatives (Chiefs, religious leaders, community volunteers)	30
Number of communities distributed to (and Community Care Funds established, see page 10)	129
Total amount in community-managed Care Funds, generated through the sale of masks and soap by community representatives (kwacha)	763,800
Households mapped in these communities	7,662
<i>Estimated total population based on an average household size of 4.5 (DMS)</i>	34,479
Number of vulnerable people identified in these communities	4,178
Number of 'Community Care Volunteers' in these communities	6,368
Number of 'Potential Host Beds' in these communities	4,087
Number of pairs of masks and soap distributed (including through subsidized sales)	27,155
Number of written questions received from community members through 'Coronavirus Questions' letterboxes placed at boreholes and religious gatherings.	390
Number of community-level Covid simulation exercises conducted	5
Total project expenditure in July and August (all costs) (kwacha)	9,606,254
Cost of delivery per person (Average cost of giving 1 person in TA Mwambo 1 mask, 1 bar of soap, access to reliable information about Covid and a 4 week-long opportunity to ask questions about Coronavirus to their Health Surveillance Assistants)	317 kwacha/person

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KEY INSIGHTS & OPPORTUNITIES

- There are more volunteers (willing to deliver water, firewood and food to neighbours to help them stay safely and comfortably in isolation) than there are vulnerable people in the targeted communities
- Communities can quickly establish 'Coronavirus Community Care Funds' to be used to support households in isolation through the sale of subsidised masks and soap.
- 1 mask + 1 bar of soap + information to use them correctly to prevent Covid can be delivered to people in rural communities at a cost of 317 kwacha per person through a revolving fund mechanism
- Local tailors can produce and deliver thousands of masks per week for a buying price of 110kwacha per mask.

Activity	Contributing to Objective #	Activities (conducted between July and August, 2020)	Targets in June	Results in Sept
A	1,2,3	Series of weekly meetings between Health Surveillance Assistants and community representatives (Chiefs, religious leaders, community health volunteers)	30 communities (+/-6,000 people)	129 communities (+/- 34,479 people)
B	1,2,3	Coronavirus Q&A discussions with community leaders	30	30
C	1,2,3	Covid-19 information posters (placed at waterpumps, wells, boreholes and chief's houses and religious services) by community members	30 communities (+/-6,000 people)	129 communities, (+/- 34,479 people)
D	1,2	Pairs of soap and mask distributed and sold (to create community-managed 'Coronavirus Care Funds')	15,000 people	27,155 people
E	1,2,3	Coronavirus Community Care Mapping	30	129
F	1,2,3	'Coronavirus-in-the-community' 5-day simulation exercise	N/A	5
G	1,2,3	Monitoring the spread in communities	N/A	Weekly update on numbers of funerals from a group of 76 religious leaders
H	1,2,3,4,5	Establishing 'Lifesavers Clubs' to engage youth	N/A	1
I	2,4	'Creativity Competitions' (poster, story & poetry competitions)	100 entries	+500 entries
J	4,5	'Lifesavers Club' Coronavirus Obstacle Course	N/A	1

Weekly meetings with community leaders

This intervention provided chiefs, religious leaders and chosen representatives from their communities with the information and resources (hand-washing bucket, soap, masks and information posters) they need to become leaders of behavior change in their communities.

In collaboration with Health Surveillance Assistants (HSAs) from Likangala Health Centre in TA Mwambo, this intervention designed and conducted a series of weekly meetings between HSAs, religious leaders, village and group village-level Chiefs, and community volunteers, which equipped more than 20,000 people in 129 communities with soap, masks, hand-washing buckets at meeting places and information on how to use these tools to slow the spread of Covid-19 and protect the vulnerable members of their communities, at a cost of 317 kwacha per person.

The process of gathering, answering and discussing community members' questions and concerns about Covid-19 covering the list of discussion topics in the box right during this series of weekly meetings also aims to reduce the risk of stigmatization due to Covid-19 in these communities.



KEY MESSAGES		
3 key behaviours that prevent Covid:	3 tools needed:	3 reasons why:
Wash hands	Soap	Protect the vulnerable and elderly
Wear a mask	Masks	Protect the healthcare system
Keep a distance	Information	Flatten the curve to prevent community support systems

Checklist of discussion topics for the meetings

The following are a list of topics that should be covered during the meetings with community representatives. The length of this list underscores the need for a series of meetings, rather than just one, to discuss these topics with sufficient detail and time to allow community members reflect on, question and discuss official guidance and how best it can be applied and adhered to within their communities.

- Symptoms of Covid-19
- Means of transmission
- Origin of Covid-19
- Vulnerable groups and fatality rates (and the importance of continuing HIV treatments)
- Treatment for Covid-19
- Protecting the most vulnerable and healthcare workers
- Stories from other countries (e.g. 'the South Korean church-going super-spreader', 'How a choir practice in the USA infected 53 people')
- The importance of maintaining healthcare staff and services to continue addressing normal illnesses and medical needs in the community
- Local provisions for the management and treatment of Covid-19 cases (isolation centres and/or community care only)
- Funeral procedures
- Community protocols when suspect cases are identified (e.g. inform the chief, call 54747, mobilize community volunteers to support families in isolation, etc. ...)
- Chief's by-laws to increase adherence to the 3 key behaviours

Increasing impact & sustainability

Zero-tech solutions are needed—The poorest and most vulnerable do not own radios and mobile phones. Chiefs and religious leaders are their most trusted and authoritative members of these communities who have regular face-to-face meetings with them. Local chiefs and religious leaders need to be sensitized about Covid-19 and equipped with ways to ensure adherence to guidelines within their communities.

Subsidised support for basic needs—Masks and bars of soap sold in pairs at subsidized prices (1 mask + 1 bar of soap = 100 kwacha) can support the fast and low-cost distribution of masks and soap throughout communities (see picture).

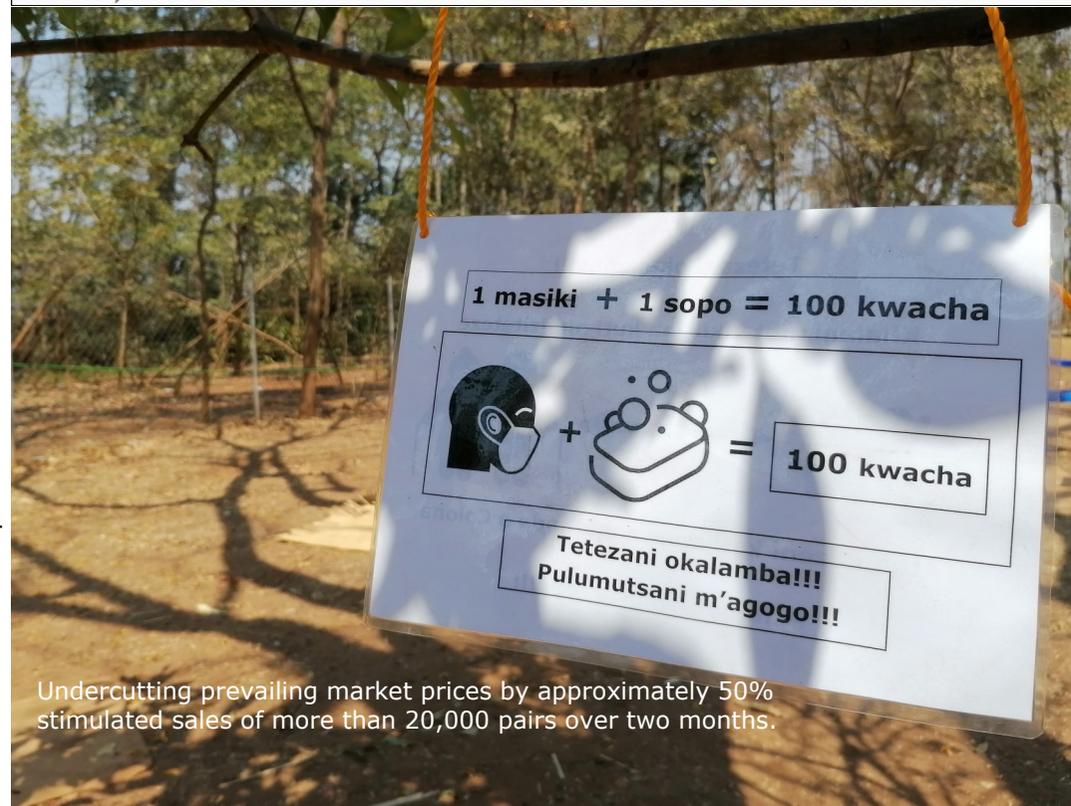
Graduated results framework—Provide communities with resources (e.g soap, masks, hand-washing buckets, information posters) based on their progression through a graduated results framework, where community must reach milestones in making their communities 'Covid-Ready' before they are given further resources (e.g. only once a community has completed a map of their community listing the households of all of the vulnerable and elderly, is this community given hand-washing buckets for their borehole and Chief's house). This graduated results framework aims to foster more meaningful behavior change in the communities that follow the process, and enhances the targeting of assistance to where it will have the greatest impact.

Experiential and observational learning— Given the extent of behavior change required by communities in order to properly protect themselves from Covid-19, it is unrealistic to expect everyone who attends one information meeting to change all of their daily behaviours immediately. In the period before cases arrive in a community, approximations towards correct preventative behaviours should be encouraged by HSAs. Given high levels of illiteracy in many communities, observational and experiential learning approaches should be prioritized (e.g. through simulation exercises and preparing Community Care Maps).

Tripartite transparency and multiple feedback channels to and within communities— Information about all money, soap, masks and other materials provided to communities should be announced at meetings and always known to at least three of the following community-based leaders in each community: the Chief, HSA, religious leader, community health volunteer and/or borehole committee member. There should also be direct communication channels from each of these stakeholders and their community members to the project management team. In this intervention, these feedback mechanisms included 'Coronavirus Question Envelopes' placed at boreholes that also advertised the name, address and phone number of the project management team.



Incentive and rewards frameworks within Covid-19 behaviour change interventions (Zomba, Malawi)



Undercutting prevailing market prices by approximately 50% stimulated sales of more than 20,000 pairs over two months.

Meeting #1 – Priority #1 – Protect the vulnerable

Present: HSAs, religious leaders, village and group village-level Chiefs, and community volunteers. (N.B.: Participation in the project requires the attendance of a representative from each community at each weekly meeting).

Meeting schedule:

- Q & A and discussion session about Covid-19 (to establish people's understanding of the pandemic and explain the 3 key behaviours)
- An explanation of the project, its objectives, schedule and what commitments are expected from participating communities.

Distributed to each community:

- 50 masks & 50 bars of soap. Five bars of soap are to be placed at the village waterpump/borehole for handwashing. Five masks are to be given to the vulnerable in the village. The remaining soap and masks are to be sold at 100 kwacha per pair...

*...The money received from the sale of these soap and masks is to be kept by the community in a **Coronavirus Community Care Fund** that will be used to support households who need to stay in isolation and to treat those who become infected. Selling 150 pairs of soap and masks received over the course of 4 weekly meetings generates a fund of 15,000 kwacha per community.*

- A registration sheet to list all of the vulnerable people living in their community; a set of laminated information posters, approved by Zomba District Health Office's Senior Health Education Officer (see annex); a 'Coronavirus Questions Envelope' (see picture opposite from Bakali village borehole)

Homework for next week's meeting:

- Complete the registration sheet with details of all the vulnerable people in the community
- Put the information posters and 'Coronavirus Questions Envelope' on display (at the village borehole, at a church gathering and/or at the Chief's house) and bring community members' questions to the next meeting to be read out and discussed.
- Bring your Chief's ID card to the next meeting for registration.



A meeting with local church and mosque leaders, equipping them with masks, soap, information posters and Covid-19 stories from other countries for their sermons such as 'the choir practice that infected 53 people in the US'.



Lots of questions in the 'Coronavirus Questions' envelope at Bakali village borehole since last week's early morning borehole meeting where the HSA had a discussion with the women there about how families can prepare for Coronavirus.

Communities' questions about Coronavirus

More than 300 questions that community members put in 'Coronavirus Questions Envelopes' placed at boreholes in TA Mwambo, Zomba, between May and August 2020, can be loosely categorised into three broad groups:

Group 1— Very limited knowledge of Coronavirus (48%)

What is the reason why the Boma (Government) stopped school?

What did Coronavirus start from?

Why have the churches closed?

Corona virus is it a disease?

Why are we not to shake hands?

We are told we cannot go to church for funerals. When we die who will sing for us?

Group 2— Know the basic public health messages and want more specifics about the disease (17%)

Can we get it if we eat from the same plate?

A women of pregnancy it's true she can share it to her baby?

How do we know a cough is the Coronavirus cough?

Why is Coronavirus a bigger risk to the elders?

The child can get coronavirus through breastfeeding?

Group 3— Thinking ahead and asking what they can do to prevent the spread (35%)

What can I do to prevent covid 19 besides wash your hands with soap?

Children between a 6 month or 1 year are also needed to use mask?

How can I prevent c/v 19 if I cannot have a mask?

What is the proper time to wear mask?

If son from neighbour comes to play how should we treat him?

Some are continuing school with the internet but what about the poor.

How do we continue learning?

What do we do if we are far from water and need to touch our face?

Can the poor really prevent themselves from Coronavirus without money?

Equipping and empowering Group 3 community members, who are commonly also already volunteering in their communities, can help change the behaviours of people in Groups 1 & 2 fastest and most efficiently.

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...with thanks to teenagers from Sitima village, TA Mwambo, for transcribing and translating these questions.

Meeting #2— Vaccinating Stigmatisation with Coronavirus Community Care Maps

Present: Health Surveillance Assistants (HSAs) and community representatives who have been nominated by their religious leaders and Chiefs.

Meeting schedule:

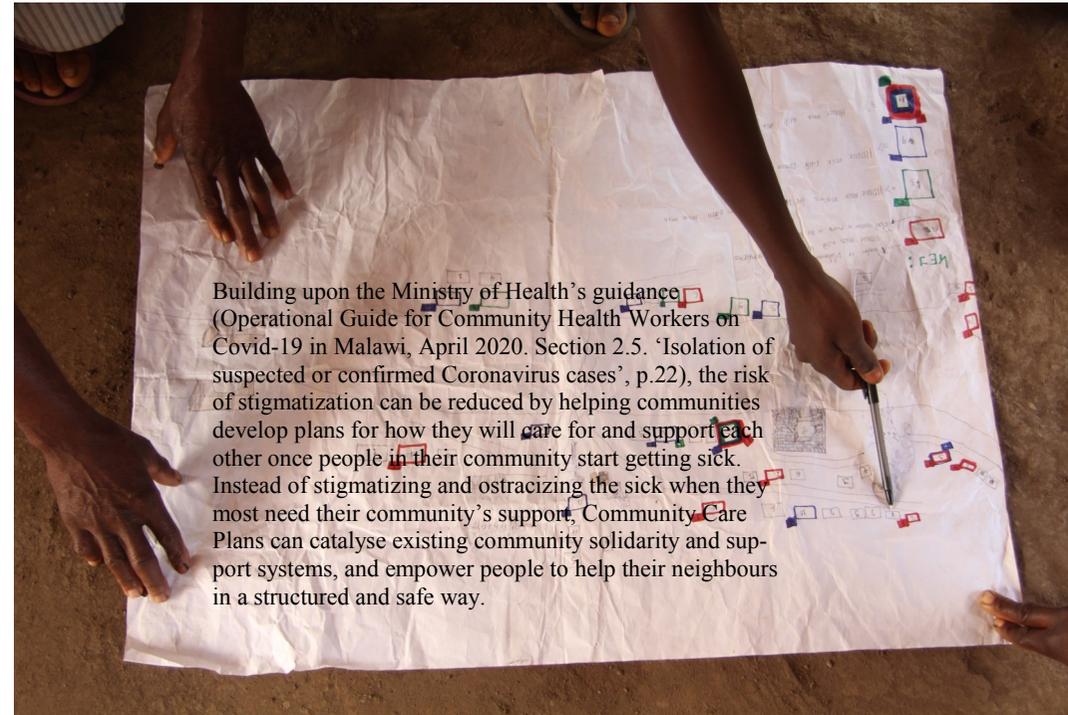
- The 'Coronavirus Questions' gathered by community representatives since last week's meeting are read out and answered by HSAs, and any follow-up questions are addressed.
- HSAs show communities how to prepare a Coronavirus Community Care Map of their village, that will show where all of the elderly and community volunteers in the community live (see picture and video opposite and Annex for details).
- Take a photo of the Chief's ID cards brought by their community representatives.

Distributed to each community:

- The representative from each community receives 50 pairs of masks and soap.
- If community representatives provide a list of the vulnerable in their communities, they receive an extra 30 masks and 30 soap to distribute to those they have listed.
- If the community representative has brought their Chief's ID card for registration, they receive a hand-washing bucket to be placed at the Chief's house for their meetings.

Homework for next week's meeting:

- Complete the Coronavirus Community Care Map and calculate the total number of people, vulnerable people, community volunteers (i.e. community volunteers, especially teenagers, who declare they are willing to deliver water, firewood and food to households who must stay in isolation, and the potential number of host beds in your village.
- Identify a family in your community ready to go into isolation as part of a 'Coronavirus-in-the-community' simulation exercise to begin after next week's meeting.



Building upon the Ministry of Health's guidance (Operational Guide for Community Health Workers on Covid-19 in Malawi, April 2020, Section 2.5, 'Isolation of suspected or confirmed Coronavirus cases', p.22), the risk of stigmatization can be reduced by helping communities develop plans for how they will care for and support each other once people in their community start getting sick. Instead of stigmatizing and ostracizing the sick when they most need their community's support, Community Care Plans can catalyse existing community solidarity and support systems, and empower people to help their neighbours in a structured and safe way.



Coronavirus Community Care Maps reveal volunteers outnumber vulnerable people!!! (Zomba, Malawi)

Cross-checking community statistics —

The 129 Coronavirus Community Care Maps prepared by community leaders registered a total of 7,662 households in which a total of 4,178 vulnerable people live. The 'Comparing Figures' box below compares the number of vulnerable people registered in these communities with national demographic averages.

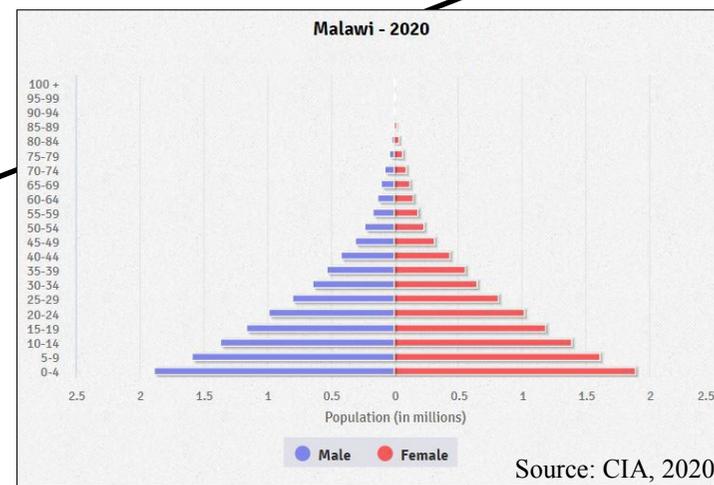
Based on national statistics, when People living with HIV (PLWHIV) are included as a 'vulnerable group', 21% of Malawians have heightened vulnerability to Covid-19. When PLWHIV are excluded, 11% of Malawians have heightened vulnerability. This compares to 12% reported as 'vulnerable' in TA Mwambo communities. The similarity between national figures excluding PLWHIV and Mwambo communities figures may be due to fears of stigmatization about HIV when community members provided information for Community Care Maps.

These figures also underscore the importance of ensuring PLWHIV have continued and uninterrupted access to their medication based on recent research suggesting PLWHIV do not have a significantly heightened vulnerability to Covid-19 so long as they continue their treatment without interruption.

Facts & Figures from Community Care Maps	Total
Communities distributed to who have mapped their communities' vulnerable, volunteers and potential host beds	129
Households mapped in these communities	7,662
Estimated total population based on an average household size of 4.5 (DMS)	34,479
Number of vulnerable people mapped in these communities*	4,178
Number of 'Community Care Volunteers' mapped in these communities	6,368
Number of 'Potential Host Beds' mapped in these communities	4,087

Comparing Mwambo community figures with national statistics

	% of total	Number of people	Source
Total population of Malawi		20,119,830	NSO
People over 65 years of age	2.69	541,223	NSO
People living with HIV (PLWHIV)	9.20	1,851,024	UNAIDS
People living with TB	0.00	26,357	US CDC
People living with diabetes	4.30	865,153	WHO
People who are obese	4.30	865,153	WHO
Therefore:			
Vulnerable Malawians (including PLWHIV)	21	4,148,910	
Vulnerable Malawians (excluding PLWHIV)	11	2,297,886	
Cross-check against figures from Community Care Maps in TA Mwambo:			
Number of households mapped in TA Mwambo		7,662	
Estimated population of mapped households (based on national average household size of 4.5)		34,479	DMS
Vulnerable people identified by Coronavirus Community Care Maps		4,178	



Meeting #3—'Coronavirus-in-our-community' Simulation Exercise

Present: Health Surveillance Assistants (HSAs) and community representatives who have been nominated by their religious leaders and Chiefs.

Meeting schedule:

- The 'Coronavirus Questions' gathered by community representatives since last week's meeting are read out and answered by HSAs, and any follow-up questions are addressed.
- Community members register their Coronavirus Community Care Maps and the total population, total number of vulnerable people, community volunteers and potential host spaces in their villages, with the HSAs
- Explain the Simulation Exercise, answer communities' questions about what to do and expect and the challenges it may present.

Distributed to each community:

- 50 masks & 50 bars of soap.
- All communities that prepared a Coronavirus Community Care Map receive a hand-washing bucket for their waterpump/borehole
- The communities that prepared the best two Coronavirus Community Care Maps are selected to conduct the 5 day Simulation Exercise over the next week.

Homework for next week's meeting:

- The 2 selected communities conduct 5-day simulation exercises where one household in their community pretends to have a Coronavirus infection. Participants complete their simulation diaries, and some of the participants come to next week's meeting to talk about their experiences (see box opposite).



Launching a 'Coronavirus Community Care' 5-day simulation exercise in a rural Malawian village



End of 'Coronavirus Community Care' 5-day simulation exercise in a rural Malawian village

1 view • Sep 8, 2020

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REWARD

REWARD

Simulation Exercise Diaries - Lessons Learned & Needs Forecast

A Penny for your Thoughts - Simulation Exercise Diaries

All of the community members participating in the simulation exercise receives a copy book and pen. The 'patient' (person who pretends to have Coronavirus), their care-giver (the one person nominated to look after them), anyone else living in the 'patient's household including their children, any member of a household who hosts people from the 'patient's household (for example, if a young man develops symptoms, their elderly mother would move in with a neighbour; if an elderly person develops symptoms, young children in the household would move in with relations to avoid spreading the virus to other children and households.

These participants are invited to keep a daily diary of all of their experiences, concerns, thoughts, observations, ideas and expenditure during the 5 days of the simulation exercise.

At the end of the simulation exercise the HSAs take the copies back for analysis, paying participants 1 kwacha per word written up to a maximum of 1,000 kwacha.

*"On 10th July 2020 we can think Mr A*** Y*** is a person who have corona virus. They family has four people, they are the father and mother and two children.*

*The two children move from their home then they going to the home of Mrs. M**** D****. (Mrs. M** D** is the children's aunt). There we can keep this family as a single family together. Mr. A*** Y*** and his wife E*** D*** stay together in order to take care of her husband. The health committee of Nasiyaya village it start to take part for helping this two family.*

For this day we helping with money, the amount is K1000.00, it help by buy them fish for relish helping for :

**.we buying fish relish for K300.00 for each family, the amount K600.00*

**We buy wood for cooking at K200.00 for each family the amount it is K400 for both family"*

From the patients:

"They where not giving me fruits during this period as a patient after meal. When committee member were coming they were not bringing any fruits. Does a patient survive with nsima only?"

"From the day when it start bundikilo (simulation exercise) we have many consequences in daily life because it is difficult to move free and do the dif₁₃ferent jobs"

Diary entries by the community volunteers:

"Taking care of a sick person's house is very difficult and need more attention; A person can forget that he/she has a sick person which is taking care of so if the guardian goes to the market to buy other things this may lead to the spread of corona virus; Leaving your household jobs and going to draw water and to see what they might need for breakfast, lunch and supper can be forgotten so I think there is need for more people to do this in order to remind one another."

"Me as a volunteer I was not told about everything since day one up to now because of break-down in communication among us volunteers. So I will still do the work of spread the news of how to prevent corona virus up until God take this pandemic away for us."

"On this day i drew water for the sick person. We bought the following on this day; cooking oil, meat, tomato and fish. (...) and a lot of people wish that this happens to all that are affected with corona virus."

Key unmet needs & unforeseen complications revealed by the simulation exercise

- Blankets (blankets are commonly shared so when people move into other households they cannot bring their own blanket and may not be offered a spare one)
- Food (extra food support is required for all of the households affected, not only the infected household. In simulation exercises conducted, this cost approximately 1,000 kwacha per day per case)
- Consideration for HIV stigmatization (in one simulation a relocated household member returned to the infected household everyday to take her HIV treatment in privacy)
- 1 infection can affect members of up to 4 households (e.g. in households of grandparents and grandchildren only)
- If it is inevitable that children from an infected household will play with their friends, they should move to a relatives house.

Meeting #4— Simulation Debrief & Chief's By-Laws

Present: HSAs and community representatives who have been nominated by their religious leaders and Chiefs.

Meeting schedule: With Chiefs as well as their community representatives, back in attendance at this meeting, participants from the 2 Simulation Exercises give an account of their experiences and details on how they spent their Community Care Fund to support affected families.

This opens a discussion among the other community members present about how they can best prepare for and deal with Covid-19 arriving in their communities.

Arising questions are answered by HSAs.

Discussion is steered towards Chief's ability to impose by-laws to increase adherence to key behaviours.

Distributed to each community:

- 50 masks & 50 bars of soap, 20 laminating Covid-19 information posters to place in public places around their communities (e.g. churches, boreholes, shops, Chief's house)

Homework:

- Put up the information posters

Coronavirus stories from around the world

Malawi has the advantage of being one of the last countries in the world where Covid-19 arrived. This means Malawians can learn from stories about Covid-19 in other countries. Stories can help transmit Covid messages in a much more memorable way, and provide illustrative examples from authoritative quotable local sources (chiefs, HSAs) that disprove prevailing myths about Covid-19. For religious leaders especially, these stories can provide material for use during their sermons to congregations:

- The South Korean church-going super-spreader
- The choir practice in America that infected 53 people
- The latest evidence on transmission in indoor versus outdoor settings



A village Chief shows his Local Government ID card to register his community in the project.



Community representatives bringing their Coronavirus Community Care Maps to register the number of vulnerable people and volunteers in their villages.

REWARD

Engaging Youth— Children as Change Leaders

“Protect your grandparents”

Most Malawian children play in mixed-aged groups in their communities throughout the day without practicing social distancing, hand-washing or mask-wearing. Many of these children share their households with a grandparent or come into contact with elderly people during their daily routines. Without practicing the 3 key behaviours (hand-washing, social distancing and mask-wearing), children risk infecting their elderly relatives. Children need to understand the need to prioritise protecting their elderly relatives and encouraged to adopt the 3 key behaviours in relation to their elderly relatives and neighbours as a priority.

Teenagers as volunteers instead of vectors

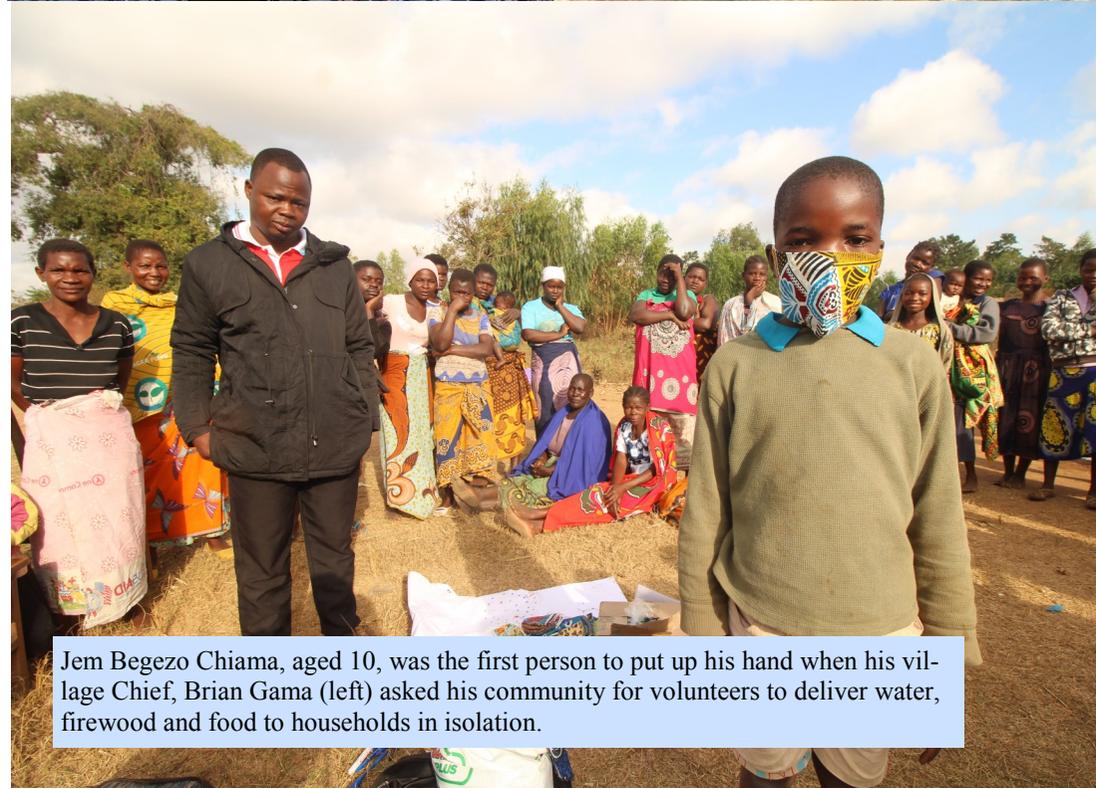
Once infections arrive within a community, teenagers’ support may be vitally important to help households in their communities stay in isolation and to deliver essential care services to those who are sick (see below).

Essential Care Services for Households in Isolation

- Water
- Shopping
- Firewood
- Cooking utensils
- Maize mill



John Chitembe, winner of the Covid-19 poster competition for Group Village Mangwere in TA Mwambo, who now sells subsidised soap and masks within his community.



Jem Begezo Chiama, aged 10, was the first person to put up his hand when his village Chief, Brian Gama (left) asked his community for volunteers to deliver water, firewood and food to households in isolation.

Gulu La Asunga Moyo- The Lifesavers Club



In accordance with the 'Public Health (Coronavirus and Covid-19) (Prevention, Containment and Management) Rules, 2020' published by the Minister of Health on 07/08/2020, Gulu La Asunga Moyo (the Lifesavers Club) was formed on 27/08/2020 to increase children's adoption of Covid-19 preventative behaviours by offering them an opportunity to get involved making sure soap, masks and messages about Covid-19 get into their households. Through games, role plays, typing up and translating community feedback, and different creativity competitions that focus on child-directed learning (e.g. poster, story and poem competitions, 'keep a distance hoop-making' competitions and obstacle courses (see annex) in which children articulate, communicate about and/or practice Covid-safe behaviours.

Within school environments and/or through adapted Children's Corners, Lifesavers Club activities' may help children adopt life-saving behaviours and become agents of behavior change in their households.



The Charter of Gulu La Asunga Moyo endorsed by Mr. Oscar Mdalira, Senior Health Education Officer at Zomba District Health Office



Lifesavers Club - Experiential learning starts with our youngest members



Come for a tour of the Lifesavers Club (as experienced by village Chiefs)



Members of the Lifesavers Club delivering masks to Mr. Walter Chikuni, Director of Planning & Development, Zomba District Council



Charter of the Gulu La Asunga Umoyo



The Lifesavers Club

The Lifesavers Club has been created to support the distribution of soap, masks and information about Covid-19 to the communities within the catchment areas of Likangala and Makwapala Health Centres in TA Mwambo.

The Lifesavers Club operates under the auspices of Sitima Parish, in support of the public health information objectives of the Ministry of Health, and in collaboration with the staff of Likangala and Makwapala Health Centres, TA Mwambo.

The parents of children who are members of the Lifesavers Club must give written consent for their children to participate in the Club's activities.

All of the Lifesavers Club members have committed to following the Club rules listed below:

Rules of the Lifesavers Club:

All members of the Lifesavers Club, will **protect themselves and other people** from Covid-19 by:

1. washing hands before meeting people
2. washing hands after meeting people
3. washing hands when entering the Lifesavers Club
4. washing hands when leaving the Lifesavers Club
5. wearing a mask when in close contact with someone (**less than 1 metre**)
6. wearing a mask all the time when inside the Lifesavers Club
7. wearing a mask all the time when doing Lifesaver Club activities

All members will make a special effort to **protect elderly people** from Covid-19 by:

8. wearing a mask when near an elderly person (**less than 2 metres**)
9. washing their hands before giving anything to an elderly person
10. bringing water and firewood to the houses of elderly people and households who need to stay in isolation to protect the rest of their community

All child members of the Lifesavers Club must save 10% of the payments they earn performing club activities within a school fees ^{fund} managed by the Lifesavers Club's management.

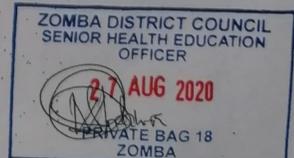
FR Owen O'Donnell
Signed:

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FRESKO MASHUKU SOGA
an
LIKANGALA H-CENTRE

EVIN JOYCE

Evin Joyce





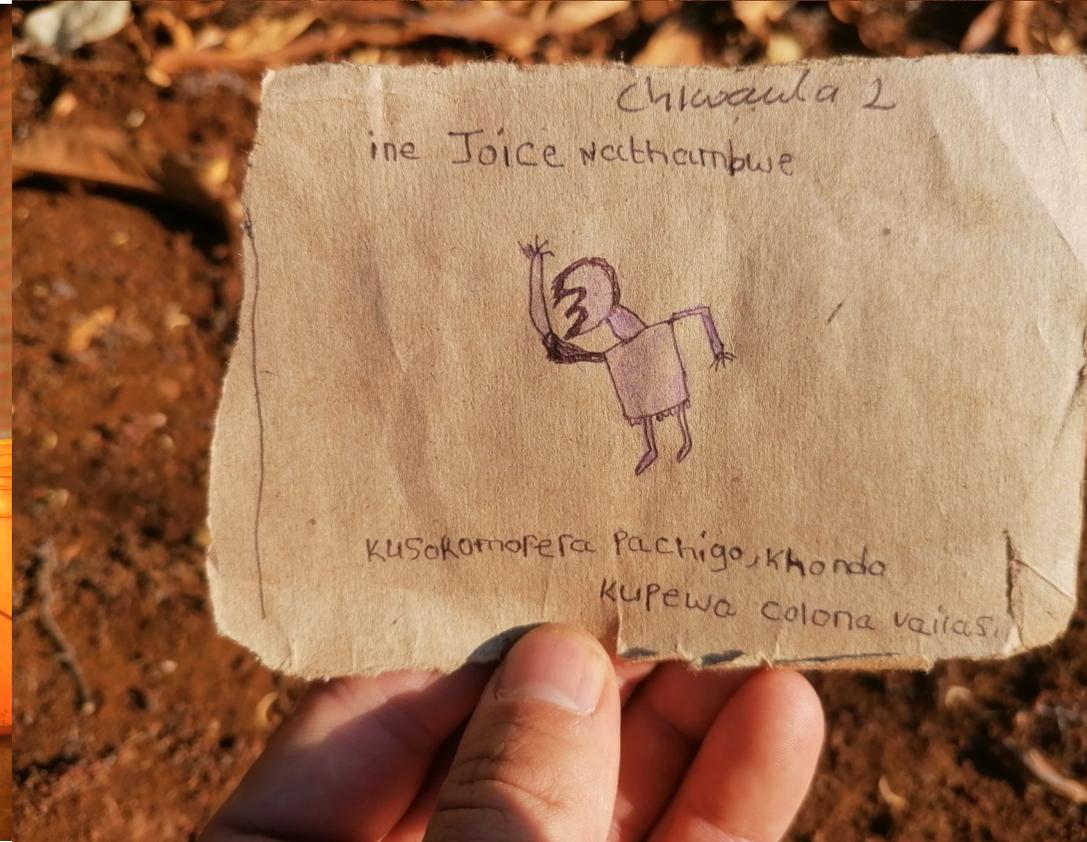
Creativity Competitions -

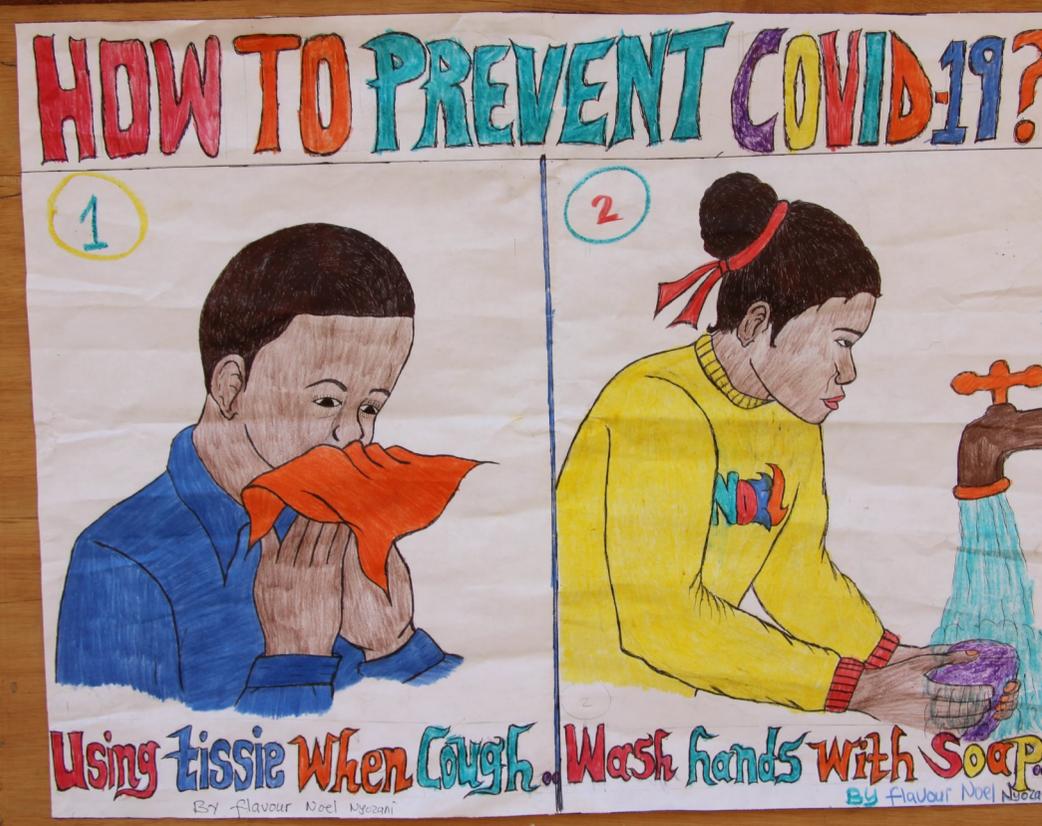
Conducted in collaboration with Chiefs, HSAs and community volunteers, poster, story and poetry competitions (e.g. 'Draw a poster to help your community get better prepared for Coronavirus') offers children and teenagers an opportunity to meaningfully and creatively engage in tackling Covid-19 in their communities. Shortlisted entries can be laminated and put on display within the artists' communities (e.g. at boreholes and shops).

Entries also provide highly localized indicators of knowledge about and sentiments towards Coronavirus in different communities. See annex for details.



More than 500 entries were received for the TA Mwambo, Chiefdom-wide poster competition...





This is, above all, a crisis that calls for solidarity

(Mwazonze ili ndi vuto lofunika kubwera pamodzi ndi kuthandizana)

Antonio Guterres, United Nations Secretary General

Mutu umodzi susenza denga...

(One head doesn't lift the roof)

Anonymous, Malawi

